

# ALL-RESIDENT MEETING

November 16, 2012

Public Health Building, 2nd Floor Conference Room

M i n u t e s

## Announcements

**Off Service Progress Notes:** For those going off service, an off-service progress note is a Medicare requirement. Please make sure you complete one for any patient you've cared for for at least 48 hours, or whose hospital course has been complex enough that a note would be beneficial for the next team.

**LaFayette Reservoir Run:** DLo reported that there were 15 runners from CCRMC who took part, and that it was a great success. Participants, please make sure that you collect your pledges and return them to Tami as soon as possible. These funds will be used for the All Resident Retreat.

## Problem-Based Learning

- DLo reported there has been increasing lack of participation in PBL, but it is our only protected time for ambulatory curriculum
- Ambulatory Curriculum Group (ACG) is in the process of revamping PBL. They are open to input and ideas from residents.
- Joe Mega, Jay Reinking, and David Longstroth are participating in this process
- Ideas suggested by residents: Journal club, Review of practice guidelines, having a current schedule on the Wiki, and reducing the number of Resident Support Groups which people agreed were useful occasionally, but not at the frequency at which they are occurring.
- Please email Joe ([jmega@ccfamilymed.com](mailto:jmega@ccfamilymed.com)) with any comments or ideas you have

## PDOCC Update

- Jon Froyd, Resident PDOCC representative, reports that negotiations with county have not been going well. There has been talk about a possible work action, including a vote on a strike by the PDOCC members.
- Acknowledged that residents are not in a position to be able to strike themselves.
- Senior residents commented that PDOCC has been extremely supportive of the Residency, including a \$12,000 grant for the past three years. They have not expected Residents in the past to take part in work actions because they understand our special circumstances.

## Interview Season

- Kate reported that interview season is in "full swing." The first ranking committee took place and the Residency is almost done with screening applicants for interviews
- Screening form has changed from Adobe to Word document because of difficulties with the original form

- Actions Residents can do to help:
  - Please send in interview forms within 24 hours after interviewing. There will be a raffle with prizes for those who do so.
  - Send in summaries to Kate ([kgoheen@ccfamilymed.com](mailto:kgoheen@ccfamilymed.com)) for medical students you have worked with. Please limit impressions to a few sentences.
  - Attend Monday Dinners. Next Dinner at Jon Froyd's house
  - Think about interviewing, giving tours Tuesday mornings, afternoons
  - Attend Interview Day lunches (Tuesdays), usually in the Noon Conference Room.

### **All Resident Retreat (March 22 - 24 (Tentative))**

- Lisa Rodelo (Resident Well-being chair) presented plans for All Resident Retreat at Camp Richardson, Lake Tahoe.
- Resident work is covered from Friday 5 pm to Sunday 5 pm
- Interns traditionally have prepared breakfast for both mornings
- Lisa will coordinate food, cabin assignments, etc. She asked that Residents help to determine and coordinate programming
- The following residents volunteered to help with programming:
  1. Courtney Wright
  2. Dave Piccinati
  3. Jim Walls
  4. Christina Hamilton
  5. Brent Porteous
  6. Leah Schweid
  7. Erin Stratta
  8. Jeana Radosevich
- Ideas suggested by Residents. Email Lisa ([lrodelo@ccfamilymed.com](mailto:lrodelo@ccfamilymed.com)) with more ideas!
  1. Alumni panel
  2. Wilderness medicine/disaster relief
  3. Alameda County CMA/Physicians for a National Health Plan
  4. Impact of the Affordable Care Act
  5. Being a Physician Advocate
  6. Teambuilding Exercises
  7. Residency Tattoo (Travis Nelson to design!)
  8. Curriculum Development (Inpatient/Outpatient)

### **Next Year's Chiefs**

- Current Chiefs explained process for transitioning to next year's Chiefs!
- Process will begin in February with the new Chiefs selected before the All Resident Retreat in March. There will be a planned one-month transition and overlap.
- Recommendation is max 3 Chiefs because of difficulty of coordinating and communicating among even as few as three Residents. Michelle will consider possible 2 schedulers, but if believes this is a good idea, will address with RLG.
- Né explained background of last year's selection process and the difficulties encountered. Because of this, if the current 2nd years would like to change the number of Chiefs, this process must be raised and voted on **BEFORE** the vote on the individuals for Chief Resident.

### Inpatient Task Force

- Kristin Moeller, Felicia Tornabene, and Né gave update on activities of Inpatient Task Force
- Inpatient Task Force's three main objectives: Improving resident education, enhancing patient safety, and improving hospital flow.
- Felicia emphasized that upcoming initiatives are short-term solutions. Long-term solutions necessitate an increase in medical staff. The ITF is currently asking administration for seven full-time physicians to cover hospital for services such as dedicated weekend rounders, and swing shift attendings.
- Pilot initiative of **ER Boarder Service** will begin in January 2013 for 4 weeks. This attending service will round on boarders from 8-5 pm for patients still in the ER that were admitted after 5 pm the day before. This service will facilitate workup and care of these patients, as well as prioritize who moves out of the ED first.
- Resident services will have functional caps based on the new ER Boarder Service
- Joe Mega noted that this service will need signout from the Resident night team, and that 8 am may be too late to start. Felicia agreed and said will investigate about having it start 7:30 - 7:45 to receive signout.
- Leah Schweid had a question about distributing residents. This remains to be figured out.
- The ITF will be continually evaluating these pilots. Please direct critiques, comments to Né (mferguson@ccfamilymed.com).

### Residency Director Introduction

- Kristin Moeller introduced as our new Residency Director! Official is our Associate Director.
- Transition: Not finalized, but probably will be completed after the Match in March.
- Stated: "I am YOUR program director." Desires to maintain and enhance the relationship with the residents. Plans an open door policy, hopes to procure a Residency cell phone to enhance resident communication with the RD.
- Welcomes Resident input and initiatives. Explained that Residency Leadership Group (RLG) is the mechanism for resident driven initiatives. Meetings are Tuesdays, 3 - 5 pm during interview season, otherwise Tuesdays 1 - 3 pm. Residents are welcome at most meetings. Any suggested curricular proposals for 2013 should be presented to RLG in the very near future.
- Goals: More office support, meet with residents for check in about "Where are you at?", successful Residency Review Committee (RRC) visit in February 2013 (body that provides accreditation).
- Resident Questions:
  - 4th year Chief: Kristin explained history of difficulty of starting this. Supportive of this, but question of finding willing graduates to serve an extra year, how much to pay these people, and how this would work if we eventually decided to institute a 4-year Residency program.
  - UCSF Affiliation: News of more positive signs about a possible UCSF affiliation offers before the end of the academic year. Jeremy is working on making this happen. Stay tuned!

*Any corrections or additions to these minutes, please email Brent ([bsugimoto@ccfamilymed.com](mailto:bsugimoto@ccfamilymed.com)). Thanks!*

